

The meaning of touch the prostate for man: the nurse in health promotion

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RESEARCH

THE MEANING OF TOUCH THE PROSTATE FOR MAN: THE NURSE IN HEALTH PROMOTION

O SIGNIFICADO DO TOQUE DA PRÓSTATA PARA O HOMEM: ENFERMEIRO NA PROMOÇÃO DA SAÚDE

EL SENTIDO DEL TACTO DE LA PRÓSTATA PARA EL HOMBRE: ENFERMERO EN LA PROMOCIÓN DE LA SALUD

Taiane Bertoldi da Costa¹, Vera de Freitas Moura²

ABSTRACT

Objectives: To identify the meaning for the men on the clinical examination of digital touch Prostate cancer early detection, to characterize the cause of the deficit in the search for preventive examination and health services by men and discuss the nurse's role in promoting men's health. **Method:** Qualitative descriptive study with field research guided by semi-structured form. **Results:** The meanings attributed to the digital touch of the prostate were embarrassment, discomfort, stigma and important. The information and access are tied to socioeconomic factors of the participants. **Conclusion:** Nurses should assist in health education and comprehensive health care by standardizing the information for different socioeconomic groups, minimizing the stigma and embarrassments, highlighting the importance of self care for man, to improve the search for health services, screening exams and prevention. **Descriptors:** Early detection of cancer, Prostate neoplasia, Health promotion, Men's health.

RESUMO

Objetivos: Identificar o significado para os homens sobre o exame clínico de toque digital da próstata para detecção precoce de câncer, caracterizar a causa do déficit na procura de exame preventivos e serviços de saúde pelos homens e discutir atuação do enfermeiro na promoção da saúde dos homens. **Método:** Estudo qualitativo descritivo com pesquisa de campo norteada por formulário semi-estruturado. **Resultados:** Os significados atribuídos ao toque digital da próstata foram constrangimento, desconforto, estigma e importante. A informação e o acesso estão condicionados aos fatores socioeconômicos dos participantes. **Conclusão:** Enfermeiros devem assistir na educação em saúde e na saúde integral, uniformizando as informações para diferentes grupos socioeconômicos, minimizando o estigma e o constrangimento, ressaltando a importância do autocuidado para o homem, visando melhorar a busca pelos serviços de saúde, exames de rastreamento e prevenção. **Descritores:** Detecção precoce de câncer, Neoplasia da próstata, Promoção da saúde, Saúde do homem.

RESUMEN

Objetivos: Identificar el significado de los hombres en el tacto digital de detección de cáncer de próstata, caracterizar la causa del déficit en la búsqueda de examen y los servicios preventivos de salud por los hombres y discutir el papel de la enfermera en la promoción de la salud masculina. **Método:** investigación cualitativa descriptiva de campo guiada por formulario sême-estructurado. **Resultados:** Los significados atribuidos al tacto digital de la próstata son vergüenza, incomodidad, estigma y importante. La información y acceso están condicionados a factores socioeconómicos de los participantes. **Conclusión:** Enfermeras deben asistir en la educación en salud y la salud integral, mediante la estandarización de la información para los diferentes grupos socioeconómicos, minimizando el estigma y la vergüenza, resaltando la importancia del auto cuidado para el hombre, para mejorar la búsqueda de los servicios de salud, exámenes de rastreo y prevención. **Descriptores:** Detección precoz del cáncer, Cáncer de próstata, Promoción de la salud, Salud de los hombres.

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INTRODUCTION

Important cause of illness and death in Brazil, since 2003, the malignant neoplasm constitutes the second cause of death in the population, representing almost 17% of deaths of known cause, notified in 2007 in the Mortality Information System. Prostate cancer is one of the types of cancer with highest incidence among the men second only to non melanoma skin cancer and followed by lung, stomach and colon and rectum.¹

Prostate cancer affects mainly men aged above 50 years. The increase in incidence in the population is also a result of increased life expectancy of the Brazilian man verified throughout this century, which tends to exceed 70 years in 2020. Prostate cancer is found in a large number of individuals, without causing them any harm. For example, by examining the prostate of any man aged between 60 and 70 years and who died without apparent prostate disease, will find cancerous foci in 24% of them.

However, only 11% of individuals in this age group present, in life, problems with prostate cancer. In other words, 13% of tumors in this group have an indolent character, they do not manifest clinically and their patients die, for other reasons, with cancer, but not for cancer. The great problem is that, in most cases, the prostate cancer in its early stages does not have any symptom. At a late stage, it will begin to obstruct the urethra, as with benign tumor, but the curative treatment is more difficult.²

The prostate tumors only produce clinical manifestation when the neoplasia reaches the prostate capsule, i.e. when the disease has advanced. Destructive urinary symptoms arise and sometimes, macroscopic hematuria. Less commonly, patients with prostate cancer may experience bone pain, uremia, anemia, weight J. res.: fundam. care. online 2013. out./dez. 5(4):537-46

loss, cervical or inguinal adenopathy and hemospermia, as the first manifestation of the disease. Taking into account the cost/benefit analysis, it was decided that the best way to diagnose prostate cancer is represented by the combination of digital examination and PSA measurement. The unique touch failures in 30% to 40% of cases; PSA measurements failure in 20%. Men prefer to do the blood test to the touch. It should be emphasized that the two are complementary in the diagnosis of prostate cancer and one does not replace the other.³

The detection of prostate cancer is made by clinical examination called digital or rectal touch and dosage of substances produced by the prostate: the prostatic fraction of the acid phosphatase (FAP) and the prostatic specific antigen (PSA, acronym in English originated from the expression Prostate- Specific Antigen), with may suggest the existence of the disease and indicate the completion of the pelvic ultrasound (or transrectal prostate if possible).

This ultrasound, in turn, may show the need to perform transrectal prostate biopsy. Digital touch of the prostate allows detecting small nodules, less than 1.5cm³ and assessing the local extent of the disease.²

Its periodical performing is the best way to reduce the mortality by prostate cancer and resistance to perform the examination may influence early detection and cure of many men with prostate cancer.

It became noticeable the existence of a taboo in relation to the proctological examination since this involves the prostate touch that is used to the detection of this type of cancer. The meaning that men give to the exam may be the factor of greatest impediment to its realization, and it is believed that social class and education level can influence this meaning. The digital touch

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in the prostatic capsule is by the insertion of the index finger through the anus and rectum; it allows detection increase, ulcerations and prostate change as small nodules, less than 1.5 cm³ that can suggest a cancer, allowing assess the local extension's disease.² Periodic realization is the best way to reduce mortality from prostate cancer and formulate more information strategies, and capture of these men for the health service is a good way to save money on treatment and invest more in prevention and early detection. The early detection and treatment would prevent further complications to the health of man, enabling higher quality of life and reduce overall costs to society since man has important roles in the family and in the production and growth of the country.

From this problem, the object of this study was delimited to the meaning of touch digital prostate examination for the man and the role of the nurse in health promotion, being guided by the following questions: what is the meaning of touch digital prostate examination for tracking of cancer to the man? What is the cause of the deficit in the demand for health services for the exam realization? And how the nurse can promote the human health to increase active preventive examinations? The objectives were: to identify the meaning for men on the digital touch clinical examination for early detection of prostate cancer, to characterize the cause of the deficit in the search for preventive examinations and health services by men and discuss role of the nurse in promoting health of men.

The research is relevant due to the high incidence of prostate cancer and male resistance on clinical examination for prostate cancer prevention. The justifications that guide the early detection of prostate cancer, as well as any other topography, are that the more the disease is initially diagnosed, the greater are the chances of healing, as well as a less aggressive treatment and J. res.: fundam. care. online 2013. out./dez. 5(4):537-46

mutilant.³ Early detection of prostate cancer could reduce the high costs arising from the treatment of advanced-stage cancer or metastatic disease. Prostate cancer mortality has a magnitude lower than the incidence; however, the upward profile is similar.

Considering that this is a good cancer prognosis, when diagnosed and treated properly, disease control programs are applicable for the reduction of mortalidade.¹

It is essential the discussion on the subject to understand the resistance of men regarding the digital touch prostate examination and, thus, propose means of information and clarification on the subject in order to guide men in primary care and increase searches and adhesions to health services, improving the early detection and treatment of prostate cancer, which leads to a better quality of life of men and reduction of the mortality by disease.

METHODOLOGY

This study enabled a first approximation with the theme that was addressed with male employees, over 40 years of age, operating in different environments linked to a public institution of higher education, located in the southern part of the municipality of Rio de Janeiro.

Research had a descriptive qualitative approach with field research, having as instruments for data collection a form with semi-structured questions consistent with the theme where answers were transcribed for later testing. The processing of data was realized through grouping of convergent ideas into categories that were interpreted and analyzed on the basis of previous studies on the theme and allowed better understanding of the problem investigated by assisting in the establishment of answers about the meaning of the prostate touch to the man.

The resolution 196/96 standards that regulate research with human beings were respected and the research was approved with 0013/2011 opinion by the ethics on Research Committee of the Universidade Federal do Estado do Rio de Janeiro (Federal University of Rio de Janeiro State), an institution which the study was linked, enabling guests to approach the study authorized interviews through the free and informed consent. There were no conflicts of interest on the part of authors, or funding for the development of the study.

RESULTS AND DISCUSSION

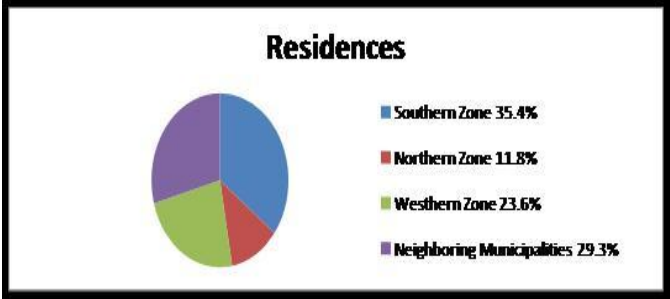
When performing field research, some difficulties were found imposed by the own condition of the inclusion and exclusion criteria. The application of the instrument was directed to adult males, with age equal of forty years or older, and availability to participate in the research. Many men claimed not to have time or interest to participate, some had no age corresponding to the selection criteria laid down for participation in the study. So, the end of the study sample represents a small group of men included in criteria although homogeneous allows inferring that it can be a variable with potential for bias in the study.

Considering the adversities, reports of seventeen men were collected for an assessment on the meaning of the prostate touch exam for cancer screening. Even after the survey of the issues, orientations to each individual of the group about the risks and benefits of prostate cancer screening exams were carried out, which involves the prostate digital touch and determination of prostate-specific antigen (PSA-originated from the English expression Prostate-Specific Antigen), carried out in the laboratory through the blood collection.

In the tool for data collection it was asked to schooling and place of man study participant in order to know how data could help in the analysis of the answers and demonstrate to what extent these questions could influence how each man is positioned in relation to the subject, which brought some discomfort to the distinguished participants.

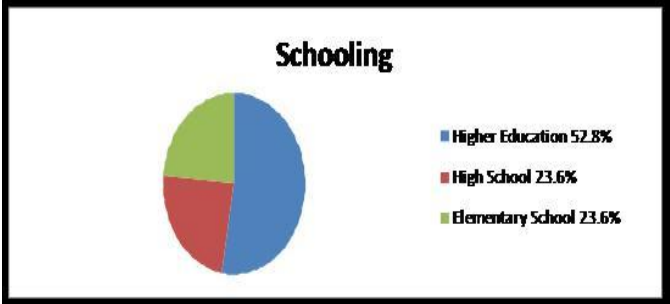
Bearing in mind that the study was conducted in a public educational institution, as shown in the graph 1, the professionals who work at the institution live 35.4% in the South zone and 52.9% of the sample has high level as graph 2 and, in graph 3, shown, are in active age in the labor market, 47.1% of the sample between the 40 and 50 years ago and 47.1% between 50 and 60 years. Considering the seventeen (100%) men who collaborated on this study, selected participants have distinguished levels of education and different backgrounds, specializations, administrative activities, practices and different formations, specializations, administrative activities, practices and different positions and functions. Thus, it was possible to analyze a larger variety of men with different socioeconomic classes and schooling, which minimizes the possibility of bias in the study.

Graph 1 - Distribution of the sample as to the location of residence.



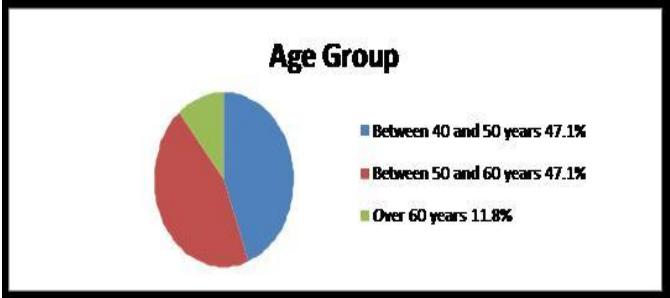
Source: Drawn by the author.

Graph 2 - Distribution of the sample as to the level of schooling.



Source: Drawn by the author.

Graph 3 - Distribution of the sample as to the age range of the participants.



Source: Drawn by the author.

When questioning interviewees if they had already conducted blood collection for

investigation of PSA, often, after explanation of what consist the exam, participants reported ignorance of its existence.

Chart 1 reveals that 47.1% of the sample carried out the PSA and for evaluation through the prostate digital touch, 47.1% just carried out the examination. Among the study respondents (100%) of 35.3% who carried out both screening tests, all of them have higher education.

When inquiring about the history of prostate cancer in the family, some participants who denied, reported to be uncertain, but believing that not. Participants who reported not knowing the means for carrying out the preventive examinations had elementary school.

Chart 1 - Distribution of the sample as to the PSA and/or touch digital prostate exam, and a family history of Prostate Cancer.

Participants	PSA	Prostate digital touch	PSA and Prostate digital touch	Familiar history of prostate cancer
Yes	47.1%	47.1%	35.4%	17.7%
No	52.9%	52.9%	41.1%	41.1%
Did not know	-	-	-	41.1%
Carried out one of the examinations	-	-	23,5%	-
Total	100%	100%	100%	100%

Source: drawn by the author.

Considering as a means of disseminating information, care, promotion, prevention and health recovery of these men, the study subjects were asked if they had the knowledge of the National Policy of Integral Attention to Men's Health, the Ministry of health and the reports of the members of the group who claimed to know, are the science program or have heard something about it.

When investigating about your knowledge on the risks of prostate cancer, some men mentioned only death as risk. Soon, a more accurate analysis of information not expressed by the guests of the study, while 52.9 percent of men study participants had higher education, only could stand out the 29.4% who knew the National Policy of Integral Attention to Health of the Man J. res.: fundam. care. online 2013. out./dez. 5(4):537-46

and the same were educators and health professionals, only one participant with medium education heard about the program, and no man with elementary school reported any knowledge on the subject.

Chart 2 - Distribution of the sample as to evaluation of knowledge

Participants	Risks of Prostate Cancer	National Policy of Integral Attention to the Health of the Man
Yes	58.8%	35.3% just included 29.4% of total being professionals and health educators
No	41.2%	64.7%
Total	100%	100%

Source: Drawn by the author.

In a second moment, in scheme 1 information about the meaning attributed to the digital rectal examination for prostate assessment was grouped. It was considered for later analysis information on schooling, the examinations and reports carried out, making it possible to analyze the characteristics of the group. Some participants with less schooling showed some discomfort with the theme.

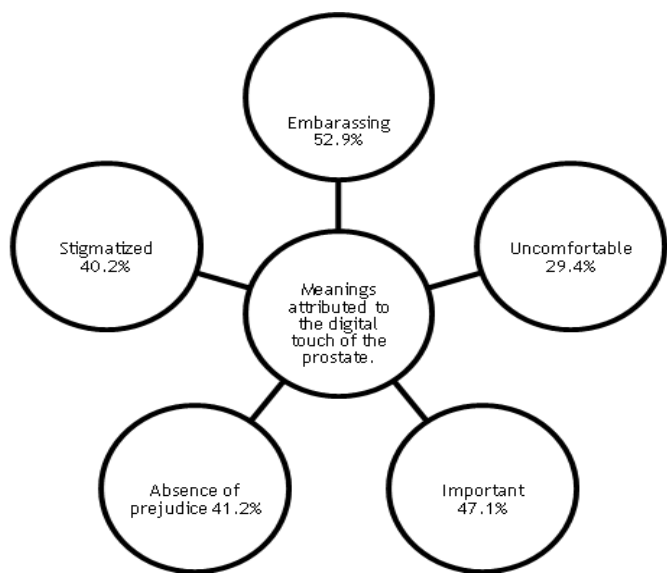
All have cited more than one characteristic and meaning to the digital touch prostate exam. It was detached in the schema 1, the embarrassment in 52.9% of reports, though, highlighted the importance of completion of the examination/prevention of aggravations in 47.1% and absence of bias in 41.2%, the stigma assigned to the prostate touch was reported by 40.2% of individuals and the physical and mentally generated discomfort appears in 29.4% of the speeches analyzed.

With respect to variable embarrassment, it was mentioned by subjects who have undergone the examination and others who do not have undergone the same. The embarrassment is not held at a unique level of schooling, being homogeneously found in the group.

In the scheme 1, 47.1% of the sample approached the prostate touch examination as being necessary and of great importance to health, 35.3% of the sample has higher education, including 23.5% of professionals and educators of the health area, and 11.8% of the sample presents elementary education. This argument was shared by participant who did not carry out any screening examination.

Some men who said not to have biases, being participants with different levels of education would carry out the touch prostate examination "without problems", but the discourse prevailed to participants with higher level and health professional. Certain individuals had referred the touch Prostate examination as socially stigmatized, although some had already done so.

Schema 1- Categories of the reports about the meanings and justifications for carrying out or not digital touch examination

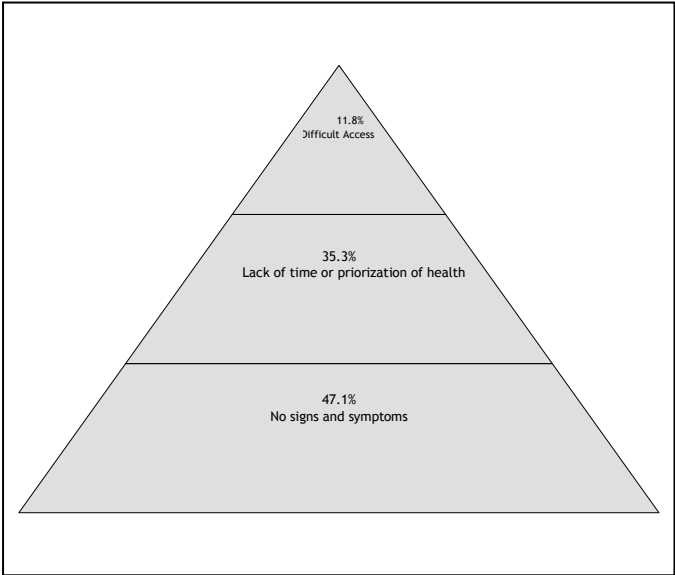


Source: Drawn by the author.

The arguments for not doing the examinations of preventive/screening, as shown in the graph 4, were related to lack of availability to seek a health service in order to do the preventive examinations, some of these also cited the lack of prioritization to your health. Of the seventeen (100%) individuals of the study who did not seek to do the examination, 47.1% reported lack of signs and symptoms, 35.3% of participants reported that J. res.: fundam. care. online 2013. out./dez. 5(4):537-46

they had more study time, including but 11.8% of the total men interviewed with the argument that they were professionals and educators in the health area.

Graph 4 - Distribution of the sample as to the arguments to not doing the examinations of screening/preventive.



Source: Drawn by the author.

So, the results found might contribute to a broader discussion on the meaning that men give the preventive clinical examination of prostate cancer and factors associated with them allowed some reflections and suggestions to improve some features reported by these men.

Although symbolic in number, the study group represents other men and the diversity among them may be similar in other institutions, companies, cities or anywhere with people of various socio-economic and cultural levels, serving as a parameter to allow us to understand how men think and the results collaborated in the guidance of actions geared to your needs, since there are not many studies focused on this group specifically.

In this study, it may be noted that the information and access are tied to socioeconomic factors of the seventeen men participating in the research, and it is evident that men with higher level education and higher level instructions tend to have higher science questions of your health, manage better your time looking for being more attentive to their health.

The National Policy of Integral Attention to Health of the Man of the Ministry of Health yet remains poorly known and specific, collaborating little for the adherence of men to practice of screening for prevention of diseases and, as more specific to humans, according to the items included in the program, the prevention of prostate cancer, as it is the subject that is of interest to this study.⁵

The information that professionals and health educators receive a more direct form needs to be disseminated by means they reach easily the population as the media. The study shows that even within an educational institution, the information is not shared homogeneously and the society, the Government, the media need to intervene to change this constraint culture reported by men, need to improve information, the disclosure of how and where to access the specific examinations for the detection and prevention of prostate cancer and others who constantly are required for human health, which is a complete being and must be attended in its entirety.

Many men justified the non-adherence to preventive examination due to lack of time to go to health services and the timetables of the health units are also a limitation because it works during business hours for consultation and that they are an impediment, whereas their labor time is equivalent. Yet to adjust the timetables to care practice little meets the group that is culturally more inattentive and continues looking for the health service to the restoration of its health and not prevention, according to the reports collected in this study which is equivalent to other more.

After raising of gender issues and masculinity, it has been found in studies that men said they need to go to the doctor, but not to miss work, and also for not waiting in line ends up not going, putting off. In a study, after some

conclusions Costa⁶ made statements justifying the low demand for preventive follow ups and care.

The men claim they are more assertive, stronger and more tolerant, once build up problems to solve them all at once, can withstand more pain, and go to the doctor only when it is absolutely needed, and reports that these state that "need to go to the doctor only once a year, and even then only if they are sick ...".^{6:84-85}

The care of themselves and of others and the concerns with the health are not considered as masculine attributions, and, the social prescriptions that represent the risk not as something to be avoided by men, but as something to be overcome on a daily basis by them. In place of self care, men, in general, adopt a self-destructive lifestyle, as demonstrated by external factors mortality rates^{6:84}

Health professionals, specifically the nursing professionals need to be sensitive to these issues and seek to raise awareness through educational activities, an appropriate reception and the link, worked in primary health care, so that man may be more likely to adhere to the guidelines, where it could have a monitoring and take his questions. It is necessary to standardize the information, with accessible languages, taking into consideration the different social groups.

Many men remain with the idea of being unnecessary "look for something wrong" when do not have signs and/or symptoms, collaborating as well to remain exposed to avoidable harms, even avoidable when screened and found changes early.

Coutinho⁷ reports in his study about the non-adherence to the screening of the prostate Cancer that also involves the prostate digital touch, that:

... The obstacles more pointed by the participants were the lack of knowledge about the procedure that involves the rectal touch, the existence of other major concerns, the embarrassment that implies the realization of the examination and humiliation that this would represent for the men. The education revealed an important role in preventive health

behaviors with subjects with lower level of education tend to have a Perception of Obstacles to carrying out the higher examination.^{7,6,1,4}

It is essential that nurses as health educator can discuss with adult men about prostate cancer prevention whenever appropriate and emphasize its importance and naturalness in order to sensations of discomfort (physical/mental) and embarrassment can be minimized, collaborating for modification of existing stigma related to prostate touch, improving man health prioritization and the prevention of harms to health, where he believes that their masculinity will be unaffected by seek perform examinations that bring benefits, regardless of how the tests are performed.

It is necessary to discuss the issues on health and male behavior at conferences, at universities, in television and radio channels and imperative the creation of means to encourage the employer to release his employee to take care of his health, whether by tax incentives to employers who release the employees for consultations and examinations, or some other benefit to the institutions that encourage and charge the practice of prevention to their employees. So, to improve the search for preventive health services to men, reducing performing different health statistics of men with problems easily detectable and often treatable or subject to control and monitoring.

What we cannot leave to think in a population that is economically active, has a key role in the home, collaborates significantly to the development and growth of the country and while only man is still a human being and care and dies by a controllable disease often by hormones, radiotherapy, chemotherapy and that sometimes evolves and it would not be the cause of death of thousands of men who remain vulnerable and die by a disease that in advanced stage cause

mutilations, metastasis and other harms that compromise the quality of life of this man.

In this study, the results contribute to the discussion, but should be considered in data collection, the answers may have been diverted because of the interview be driven by a person of the female gender, unknown and the questions generate exposure of particularities of the men interviewed. It needs new approaches as to the theme, because the fact can be a bias in the study.

CONCLUSION

In a country where the prostate cancer is the second leading cause of death in the male population¹, being a health disorder to the male health likely to screening through preventive examinations as PSA and Digital touch prostate examination that associated ensure greater reliability of the result, it is essential that health professionals and the Unified Health System (SUS) with their representatives, managers and health managers, improve health policy aimed at the male population to ensure an expansion of the active search of men for early detection of prostate cancer, seeking to reduce mortality from a disease considered easily treated when at an early stage.

Considering the significance of embarrassment, the importance of the examination / disease prevention, lack of prejudice, stigma and discomfort of physical and mentally attributed to the prostate touch in the speeches analyzed, it is essential that healthcare professionals, based on the National Policy of Attention to the Health of Men, and Principles of SUS universality, integrality and Equity of actions, trained in exercise of its function, consider the health needs of man and meet holistically, aiming to reach it in the educational aspect, his mental and physical health.

It is indispensable that the nurse as health educator can discuss with adult men about prostate cancer prevention whenever appropriate and emphasize its importance and naturalness, standardizing the information provided to ensure the understanding of men with different sociocultural levels in order to minimize the sensations of discomfort (physical / mental) and embarrassment, collaborating to change the existing stigma related to the prostate touch, highlighting the importance of its health and the prioritization of the same, where he believes that his masculinity will not be affected by taking exams that bring benefits regardless of how they are performed.

The nurse should encourage the targeting of the time for men to seek health services and screening tests and prevention.

The objectives of this study were achieved where it was possible to identify some meanings of the prostate digital touch examination to the man and the causes of the deficit in the demand for health services for screening exams / preventive and discuss how nurses can work in health promotion of the man. Results can collaborate not only to answer questions of this study, but also to collaborate with other studies and inquiries, as it is essential to continue the discussion concerning issues of the masculine health, because it needs a more focused policy for health promotion and harm prevention.

The study contributes to improve the discussion about the subject, making possible to elaborate educative strategies targeted, aiming at better understanding and quality of care given.

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